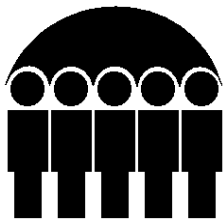


Revised May 27, 2003

Employees' Manual
Title 18
Appendix

CHILD WELFARE

APPENDIX



Iowa
Department
of
Human Services

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Application for All Social Services, Form 470-0615 and 470-0615(S)

Purpose Forms 470-0615 and 470-0615(S) collect information needed to determine eligibility for social services and IV-A-funded emergency assistance services and record the Department's determination of IV-A eligibility.

Source Form 470-0615 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. The English version is also available as a template on Outlook.

The Spanish translation, form 470-0615(S), can be printed from the on line manual.

Completion Prepare an original and one copy of this form when:

- ◆ A person wishes to apply for services that are not court-ordered.
- ◆ A referral for service is made as a result of an abuse assessment (unless an application is already on file).
- ◆ A decision is made to provide one or more of the following services:
 - Family-centered services.
 - Family preservation.
 - Shelter care (except for placements of less than 48 hours).
 - Foster family care.
 - Protective child care.
 - Adolescent monitoring and outreach.

This application is not required for PMIC placements.

- ◆ When eligibility redetermination is necessary for one of the services listed above (every 12 months for IV-A eligibility and every 6 months for voluntary case reviews).

Child welfare services require Part A of the application to be done initially, and either Part A or a court order to be done every six months thereafter. Part B of the application is required to be completed initially and reviewed annually for IV-A funded services.

Complete the application for IV-A purposes regardless of whether services are court-ordered or require IFMC review and authorization, or whether the client is expected to be Medicaid-eligible.

The DHS worker (or the juvenile court officer) completes the form with the applicant. DHS workers complete the entire form. Juvenile court officers complete the form except for the signature section in Part B.

The completed application must have the signature of a Department worker certifying approval of eligibility at the bottom of Part B.

The application covers all members of a family when their services are recorded in one case record. Sign and date the application on the day it is received.

Complete the name and the address of the family's legal residence. Consult 18-A, **Definitions**, for the definition of "family."

The applicant certifies the information by signing and dating the form. Signature of the parent or specified relative is not required for child abuse assessments and when the child is in DHS custody. When an applicant's signature is required, a parent or one of the following specified adult relatives must sign the application:

- ◆ Father, adoptive father, or stepfather
- ◆ Mother, adoptive mother, or stepmother
- ◆ Grandfather, grandfather-in-law, or adoptive grandfather
- ◆ Grandmother, grandmother-in-law, or adoptive grandmother
- ◆ Great-grandfather, great-great-grandfather
- ◆ Great-grandmother, great-great-grandmother
- ◆ Brother, half brother, or stepbrother
- ◆ Brother-in-law, or adoptive brother
- ◆ Sister, half sister, or stepsister
- ◆ Sister-in-law or adoptive sister
- ◆ Uncle, aunt, half-uncle, or half-aunt

- ◆ Uncle-in-law, aunt-in-law
- ◆ Great-uncle, great-great-uncle
- ◆ Great-aunt, great-great-aunt
- ◆ First cousin, nephew, or niece
- ◆ Spouse of any person listed above, even though marriage is terminated by death or divorce

Distribution

Give the copy to the applicant or recipient. Keep the original in the case record. **Exceptions:**

- ◆ Forward abuse-related applications determined eligible for Title IV-A Emergency Assistance to a services worker as part of the referral for services.
- ◆ Send applications determined ineligible for Title IV-A Emergency Assistance to the service area manager for placement in the file of rejected applications.

This page is reserved for future use.

Authorization to Release HIV-Related Information, Form 470-3225

Purpose	Form 470-3225 is used to document a release of HIV-related information from the child or the child's parent or guardian. This is a specific release for DHS to share HIV-related information with those needing this information to provide care and treatment for the child.
Source	This form may be completed on-line using the template in the public state approved forms folder on Outlook. You can also print the form from the DHS on-line manual or photocopy it from the paper manual.
Completion	<p>The worker prepares an original and one copy of the form. This form must be signed before the Department releases specific information about HIV.</p> <p>Having received the parent or guardian's permission does not waive the Department's responsibility to limit the access to those specific health care providers, school personnel, and others who have a "need to know" in order to plan and to deliver services and treatment.</p>
Distribution	File the original in the case record and give a copy to the parent or guardian.
Data	Complete all items.

Background Report Part 1, Form 470-3615

Purpose	Form 470-3615 provides a specific guide for completing the written background report required for each child in foster care.
Source	Print this form from the on-line manual or photocopy the form sample in the printed manual.
Completion	<p>The child's foster care worker shall complete the <i>Background Report, Part 1</i>, within 60 days of the date the child enters foster care or relative or kinship placement.</p> <p>When termination of parental rights is issued, give an updated copy of <i>Background Report Part 1</i>, form 470-3612, to the worker responsible for completing <i>Background Report Part</i> (if different than the child's current worker).</p>
Distribution	<p>Keep one copy in the child's case record. A copy of the child's hospital birth records should be attached to the background report.</p> <p>Give a copy to the child's foster parents, relatives, and foster care agency provider along with a copy of the child's case permanency plan. Note: After termination of parental rights, a copy shall be included in the child's adoption and guardianship file.</p>
Data	<p>The child's parents, relatives, and foster parents should be consulted to obtain information needed to complete the background report.</p> <p>When completing section VII, if the parent is unavailable or refuses to provide information, the worker shall complete as much as possible, using available information.</p> <p>AIDS/HIV information may be shared only with written permission of the child's parent or guardian or by order of the court.</p>

Background Report Part 2, Form 470-3698

Purpose	Form 470-3698 provides a specific guide for completing the written background report for each child whose parental rights have been terminated.
Source	Print this form from the on-line manual or photocopy the form sample in the printed manual.
Completion	<p>Within 30 days after the child's termination of parental rights order is issued, <i>Background Report Part 2</i> shall be completed by the child's foster care worker, placement worker, or adoptive worker, as determined by service area protocol.</p> <p>Get an updated copy of <i>Background Report Part 1</i> if the worker responsible for completing form 470-3698 is different from the past worker. (Remember to update FACS on the termination as well, to notify the Foster Care Recovery Unit.)</p> <p>Update <i>Background Report Part 2</i> annually for children with termination of parental rights who have not been placed for adoption.</p> <p>Note: <i>Background Report Part 1</i> and <i>Background Report Part 2</i> may be purchased as an "adoption preplacement service."</p>
Distribution	Keep one copy in the child's adoption record and guardianship file. Also give a copy to the child's foster parents, foster care provider agency, and prospective adoptive parents along with a copy of the child's case permanency plan.
Data	<p>Attachments to the background report shall include:</p> <ul style="list-style-type: none">◆ Hospital birth records◆ A current photo of the child◆ Current case plan◆ Immunization record◆ Current physical, psychiatric, psychological, school, and provider reports

Family Assistance Fund Report, Form 470-2412

Purpose	Form 470-2412 is used to document the use of the family assistance fund and to show compliance with the requirements for expenditure of the fund. Department and contract agency providers of family preservation services may use the form as part of their internal request and approval process.
Source	Form 470-2412 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. The service area shall provide the contract agency with a supply of the form and instructions for its use.
Completion	<p>The provider completes this form as often as a purchase is made for each client family receiving benefits from the family assistance fund. However, family assistance funds may be used only when the following conditions are met:</p> <ul style="list-style-type: none">◆ The goods or services purchased directly relate to the achievement of child placement prevention goals;◆ The goods or services are not otherwise available from local, state, federal, client family or other sources in a timely manner;◆ The purchase is not for goods or services the provider has agreed to provide directly;◆ The purchase is not used to provide a reward or incentive related to service engagement or service plan follow-through; and◆ The Department has approved the purchase if the dollar amount for a single item is more than \$200 or multiple purchases for the family total more than \$200. <p>This approval must be obtained before the purchase if expenditures exceed \$200 for one item or \$200 for multiple items for the same family. Otherwise, the Department will review and approve purchases upon submission of form 470-2412 for payment.</p>

Distribution Within 20 days after the month of purchase, the provider shall submit the original to the designated service area location in a packet containing the following items:

- ◆ The original form 470-2412 for each purchase during the month.
- ◆ Original receipts for each purchase.
- ◆ Original GAX requesting reimbursement for all purchases during the month.
- ◆ Two photocopies of the original packet described above.

The provider keeps the yellow copy.

Data See the ***REHABILITATIVE TREATMENT AND SUPPORTIVE SERVICES PROVIDER MANUAL*** (in 15-C-Appendix) for complete instructions.

For each item or service listed in Item 4, the provider is to explain in Item 5 how the purchase reduced the risk of placement and what service goals were achieved because of the purchase.

The providing worker's signature indicates information entered on the form is accurate and assures that the purchase was necessary to reduce the risk of placement.

The signature of the supervisor indicates that the service supervisor has reviewed the intent and use of the purchase and verifies that the purchase was necessary to achieve placement prevention goals.

The signature of Department staff indicates that the Department approves the purchase as appropriate use of Family Assistance Funds and in keeping with the intent and language of the contract or service agreement.

Family Case Plan, Form 470-3453

Purpose

The *Family Case Plan*, form 470-3453, is the official record of the Department's involvement with the family. It serves to:

- ◆ Help document the child and family conditions and concerns that caused the family to become involved with the child welfare system.
- ◆ Ensure that:
 - The family's voice is included in developing the service plan.
 - Child and family strengths are identified and used in service planning.
- ◆ Help determine and document the most appropriate type, level, and intensity of services and supports needed to assure and promote child safety, permanency, and well-being.
- ◆ Document compliance with applicable state and federal laws and regulations.

The face sheet includes identification, statistical, historical, service summary, and placement information for the family. The family's plan includes a description of:

- ◆ A plan to keep children safe.
- ◆ Individual family strengths, supports, and needs.
- ◆ How the strengths and family supports can be used to assist the family in self-directed change.
- ◆ How the Department and others will assist the family in overcoming the needs.

Source	<p>These forms are all accessed and completed via the DHS Case Flow web site at this address: http://dhsintranet/cwis_caseflow/</p> <ul style="list-style-type: none">◆ <i>Family Case Plan Face Sheet, Part A</i>◆ <i>Family Case Plan, Part B</i>◆ <i>Child Placement Plan, Part C</i>◆ <i>Family Functioning Domain Criteria</i>, form 470-4138 (also located on Outlook under State Approved Forms/Services), which explains what information, child/family issues, and assessment criteria should be considered in each of the five domain areas◆ <i>Family Profile Services Decision Support Tool</i>, form 470-4130◆ Family Risk Reassessment
Completion	<p>The DHS social work case manager assigned to the child and family is responsible for preparing the case plan to provide a comprehensive assessment view of the child and family that focuses on the major needs of the child, the parents, and, if applicable, the foster parents related to child safety, permanency, and well-being.</p> <p>The case plan must be completed within 45 calendar days of opening a DHS child welfare service case.</p> <p>The case plan must be reviewed every 90 calendar days thereafter, or more frequently if there are significant changes or if required by the court, while the case remains open.</p> <p>Some information for the case plan will automatically be filled in from information entered on the child and family in the FACS system. Note that information will auto-fill to the case plan only if the information has been entered in FACS. If the information has not been entered in FACS, it will not appear in the case plan and must be entered by the worker when the case plan is prepared.</p>

Distribution

Obtain the necessary signatures on the plan and indicate which persons participated in developing or reviewing the plan:

- ◆ Distribute the *Family Case Plan*, including the *Family Case Plan Face Sheet*, when it is first developed to all of the persons listed on the Signatures and Notifications page.
- ◆ Distribute copies of any altered or revised case plan, including Part A, Part B, and Part C, if applicable, and the completed review section, to all of the persons listed on the Signatures and Notifications page.
- ◆ Print a copy of all initial and reviewed case plans, including Part A, Part B, and Part C, if applicable, and the completed review section and place in the case file.

Data

Family Case Plan Face Sheet, Part A

- ◆ Identifying information on the child's name, FACS ID, date of birth, address, and family members will be filled in from FACS.
- ◆ Service history and placement history information will be filled in Parts A and B, and Part C if the child is in placement, based on information entered in the FACS system about services opened for the child and family in the FACS system.
- ◆ The case manager completes the "Additional Services" section. It will not be auto filled, as information on these services is not contained in the FACS system. This information, once entered by the worker, will be saved and become part of the case plan history over the life of the case.
- ◆ The case manager enters information on any court involvement into FACS on the Court Detail screen. This information will then be filled into the Court Involvement section of *Family Case Plan Face Sheet*, Part A.

- ◆ Information shown in green on Part A can be suppressed for safety reasons, such as when the safety of a foster child or foster parent could be jeopardized by printing the address or there are domestic violence issues or a restraining order between the child's parents.

To suppress all the information shown in green, click on the box "Suppress All Sensitive Data," or individual lines can be highlighted and removed. Suppressed information reappears when the case flow form is reopened.

Family Case Plan, Part B

- ◆ The child's name and FACS ID and the DHS worker's name will be filled in from information in the FACS system.
- ◆ The worker enters the anticipated date of case closure.
- ◆ Family Plan Participants: The worker fills in the list of participants involved in developing the case plan.
- ◆ The worker must enter Date of Initial Plan and the Family Team Meeting fields.
- ◆ Household Composition: This information is filled in based on information entered in FACS about the child's family members living in the home. Information in FACS about the child's parents not living in the home will be filled into this section as well.

Family Functioning Domains

DHS uses the Family Functioning Domains to provide a consistent format for collecting, considering, and analyzing information about children and families in order to ensure that functioning areas most critically impacting safety, permanency, and well-being are addressed and targeted for service intervention.

Use of the domains allows for a common, consistent language as information about children and families flows from Department child protective workers to ongoing workers and service providers.

The family functioning domains consist of the following broad areas of functioning (each domain area has related subcategories):

- ◆ Child well-being: child's mental health, child's behavior, relationship with peers, school performance, motivation and cooperation, child's relationship with caregivers, relationship with siblings
- ◆ Parental capabilities: parental supervision of children, parental mental health, disciplinary practices, parental physical health, parental use of drugs or alcohol, parental developmental and enrichment activities
- ◆ Family safety: physical abuse of child, sexual abuse of child, neglect of child, domestic violence, emotional abuse of child
- ◆ Family interactions: bonding with child, expectations of child, relationship between parents or caregivers, mutual support within the family
- ◆ Home environment: housing stability, financial management, income and employment, safety in community, personal hygiene, habitability, transportation, food and nutrition, learning environment
- ◆ Other: miscellaneous issues or concerns about the child or family

The family functioning domains provide a consistent "common lens" through which the strengths and needs of the child and family can be assessed, discussed and used in planning and service provision.

Become familiar with the family functioning domain categories and criteria and consider the child and family's strengths, concerns, and needs in the various domain areas as you have discussions with the family and gather and analyze information about them. If there is a family team meeting report available, information gathered in that meeting may be helpful in evaluating the domain categories.

If there are multiple children in the family, or if there is more than one parent (such as a noncustodial parent or stepparent) involved in the case, or if a relative caring for the child, evaluate each individual's functioning through the common "lens" of the domain areas.

Complete the family functioning domain section of the case plan by working through each domain category (the subcategories for each domain category will automatically appear as 'pop-up boxes' as you complete the domain sections) and:

- ◆ Fill in the **Narrative** section of each domain with a specific description of any strengths or needs identified within that domain. Needs in any domain should be related to and discussed within the context of how the needs affect child safety, permanency, or well-being. Remember that families may have strengths in some domain areas that can be used to address needs in other domains.
- ◆ Establish a **Goal** for each domain area where a need is identified in the narrative. It is critical that goals be developed in partnership with the family. Goal statements should be strength-based and focused on achieving the outcomes essential for safety, permanency, and well-being.
- ◆ If no needs are identified for a family within a domain category, but strengths are noted, you may establish a goal for that domain that focuses on using family strengths to help meet needs in other domain areas.
- ◆ After reviewing the strengths, needs, and goals for each domain area, identify the strategies, services, and informal supports that may be necessary and helpful to achieving the goals.
- ◆ In each domain area where goals are identified, list the steps necessary to bring about the changes needed to accomplish the goal for that domain. The steps should clearly identify who is responsible for each step and the dates for beginning and completing the necessary actions. Update revisions to or completion dates for the steps throughout the life of the case plan.

- ◆ Discuss and review the case plan information on domain areas, proposed goals, and action steps with the family before making final entries to the plan.
- ◆ Use the **Comments** section in each domain area to enter updated information on the family's progress and functioning level in that domain.

Review Section

Use the Family Case Plan Review section when reviewing family progress and making further recommendations for actions and services on the case.

- ◆ Indicate the date of the plan review and whether this review was conducted through a family team meeting.
- ◆ When completing the review, consider the family's current functioning, level of goal achievement, and completion of necessary steps within each domain area.
- ◆ Identify family achievements, progress toward safe case closure, remaining concerns, and your current recommendations in the review section.

Signatures and Notifications

- ◆ Document and obtain signatures from those persons that participated in development of the plan and thank all persons who contributed to the planning process for the child and family.
- ◆ Set a date for future meeting with the family to review and revise the plan as needed. The **Other Comments** section of this page can be used for this purpose.
- ◆ The **Other Comments** section can also be used by the worker to place information concerning case child abuse and criminal record histories as well as for documenting information about whether the Indian Child Welfare Act applies to the case.
- ◆ Distribute copies of the plan to those that should receive them.

Child Placement Plan, Part C

In combination with the face sheet and the family plan, the out-of-home placement section is a written document that includes all the federal required elements. The family plan and the out-of-home placement section include:

- ◆ A description of the placement and the appropriateness of the placement.
- ◆ A plan for ensuring that the child and family receive services designed to facilitate the return of the child to a safe home or to another permanent placement.
- ◆ The health and educational status of the child.
- ◆ When applicable, a description of the programs and services that will facilitate the child's transition from foster care to adulthood.

This form is necessary to provide information mandated by state and federal laws and regulations regarding each child placed in an out-of-home setting in which DHS has custody, or when foster care is being provided under a voluntary placement agreement.

The DHS social work case manager responsible for the child should complete *Child Placement Plan* when the child is placed in an out-of-home setting and DHS has custody or the child is placed under a voluntary placement agreement. For these children, this section is in addition to Parts A and B of the case plan. The *Child Placement Plan, Part C*, should be updated every 90 days just like Parts A and B.

The *Child Placement Plan* is distributed as part of the case plan for children who are in placement. Print a copy of the *Child Placement Plan* and retain it in the child's DHS service record along with the other sections of the case plan.

Based on available case information and your own discussions with the family, make narrative entries for all applicable items on the *Child Placement Plan* where no auto filled information appears. Enter sufficient narrative information to explain and give detail about the categories contained in the form.

- ◆ Child's name and FACS ID will be auto filled.
- ◆ Enter the following:
 - Child's date of birth
 - Anticipated date of child's return home
 - Date of family plan development
 - Placement type – court or voluntary placement
 - Date of initial out-of-home placement
 - Date of current placement
 - Is contrary to welfare language in appropriate court order (Yes or No)
 - Is reasonable efforts language in appropriate court order (Yes or No)
- ◆ Permanency Goal. Select and enter the current permanency goal for the child.
- ◆ Concurrent Goal Assessment. Assess and answer the two questions concerning the child. **Note:** If you answer “no” to either question, a concurrent goal must be entered in the next section.
- ◆ Concurrent Goals. Complete this section if the answer to either of the questions in Concurrent Goal Assessment is “no.” Describe concurrent goal planning underway for the child.
- ◆ Child Well-Being Domain. Review information about the child entered in the family domain criteria child well-being area and indicate whether each of the domain subcategories is currently a strength or need for the child.

- ◆ Level of Placement Review Considerations. Based upon your assessment and observations of the child, determine the most appropriate level of placement for the child.
- ◆ Indian Child Welfare Act. If Native American race is entered for the child in FACS, this section will automatically appear in the *Child Placement Plan, Part C*. Answer the four questions in this section and enter narrative explanations where required.
- ◆ Placement Status Information. Answer the seven questions concerning the child in this section and enter any narrative to explain your responses.
- ◆ Efforts Made by DHS to Support the Placement and Prevent Disruption. Enter checks in the boxes to indicate the DHS efforts to support the placement and prevent disruption.
- ◆ Placement History. Enter information about the child's out-of-home placement history. Start with the current placement and then list all previous out-of-home placements, including any hospitalizations, institutional, or PMIC placements.
- ◆ ASFA. Answer the four questions in this section, including any narrative to explain your responses.
- ◆ Visitation. Make the appropriate entries to describe the child's visitation situation. Include any necessary narrative to explain the visitation arrangements.
- ◆ Documentation. Indicate whether the child has a certified birth certificate and a Social Security card and number. Describe plans to obtain if the child currently does not.
- ◆ Health Records. Enter any known health examinations and treatments the child has received. If possible, indicate this information for at least the last two years of the child's life. Indicate the provider, dates of service, and date the information on these services was given to the child's current caregiver and current service provider.

Note: Do not record HIV status or risk of HIV infection anywhere in the case plan. File any such information in the medical record section of the case file and mark it “Confidential.”

- ◆ Mental Health/Psychological/Psychiatric. Describe any known mental health, psychological, or psychiatric evaluations or treatment the child has received. Indicate the provider, dates of services, and date the information on these services was given to the child’s current caregiver and current service provider.
- ◆ Education Record. Complete this section to provide information on the child’s current educational stats. Contact school staff if needed to obtain this information.
- ◆ Transition Planning. This section is required for all foster youth who are 16 years of age or older. “Transition planning” is the process of assisting youth in foster care to prepare to be self-sufficient adults. This process includes an assessment of life skills, strengths, concerns, supports, and outcomes to be accomplished for successful transition.

For youth who may be eligible for services as an adult, the assessment and plan of services must be developed with someone who can reasonably be expected to fund those services or be a service provider when the youth becomes an adult.

Planning for transition to adulthood for children in foster care with special needs may need to begin as early as age 14 to ensure needed funding and services are available. Service area transition planning specialists can provide ongoing consultation and information regarding transition planning for adolescents.

Select from the options. If the child is interested in pursuing higher education, the plan shall provide for the child’s participation in the College Student Aid Commission’s program or assistance in applying for federal and state aid.

- ◆ Youth Life Skills Assessment, Youth With Special Needs, Referrals, and Discharge Preparation sections. These sections of the *Child Placement Plan* will appear **only** if the child is age 16 or over on the date you complete this plan.
- ◆ Youth Signature. Obtain the child’s and guardian ad litem’s signatures as appropriate.

Reserve pages 21 through 49 for future use.

Family Preservation Service Report, Form 470-2413

Purpose	Use the <i>Family Preservation Service Report</i> , form 470-2413, to document the services provided in the family preservation program. Add attachments when necessary.
Source	Form 470-2413 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa. The service area shall provide the contract agency with a supply of the form and instructions for its use.
Completion	<p>Providers shall complete four copies of this form within seven calendar days following each ten-day reporting period, with attachments as necessary.</p> <p>When family preservation services exceed ten days, the provider shall prepare a brief summary of the results and recommendations of the psychosocial evaluation before submitting the final termination report. Include in the summary the following information:</p> <ul style="list-style-type: none">◆ Sources of information and the methods of assessing and observing the child and the family used to complete the evaluation.◆ Child and family risk factors that may necessitate further assessment and treatment services.◆ Child and family strengths, including how these strengths may be used in further treatment.◆ Recommendations for further services, including suggested goals, objectives, and methods of service delivery. <p>Providers shall complete the termination section of the form in the final ten-day report.</p>
Distribution	The provider sends a copy to the referral worker, the family, and the child's guardian ad litem and attorney, unless otherwise ordered by the court, and keeps one copy for the provider file.

Foster Care Escrow Account Transaction, Form 470-3725

Purpose	Form 470-3725 is used to request escrow withdrawal and escrow account closing for children in foster care who have escrow accounts.
Source	This form may be completed on-line using the template in the public state approved forms folder on Outlook. The form can also be printed from the on-line manual or photocopied from the printed manual and completed manually.
Completion	<p>The service worker prepares an original and one copy of the form when:</p> <ul style="list-style-type: none">◆ A child leaves foster care, or◆ A child in foster care has funds in escrow that are needed to meet current needs of the child that are not covered by foster care payments. <p>Service area manager approval is required on this form.</p>
Distribution	Send the original copy to the Foster Care Accounting Unit in the Bureau of Purchasing, Payments and Receipts. File the duplicate in the child's case record.
Data	<p>Complete all items. When the child leaves foster care, the escrow funds are either:</p> <ul style="list-style-type: none">◆ To the custodial parents or guardian of a minor child, or◆ To the child when the child has attained the age of majority, unless a guardian has been appointed.

Foster Care Provider Medical Letter, Form 470-2747

Purpose	Form 470-2747 provides information to the foster care provider regarding the Department's responsibility for providing medical coverage to children in foster care when the medical card has not been issued.
Source	Department staff may complete this form on line using the template in the public state-approved forms folder on Outlook. Juvenile court staff should print the form from the on-line manual for manual completion.
Completion	The service worker or juvenile court officer assigned to the case completes the form when a child enters a foster care placement.
Distribution	Provide the original to the foster care provider and make a photocopy to file in the child's case record.
Data	<p>When the child is receiving Medicaid before placement, obtain the medical ID number from the ABC system and place it on the designated line.</p> <p>In all other cases, the medical ID is assigned when the service ABC case is opened. Give this information to foster care providers immediately upon receipt.</p>

Foster Care Review Notice, Form 470-0714

Purpose	Form 470-0714 is a letter that is used to invite parents, foster parents, and other persons not covered under interagency agreements to attend a meeting of the foster care review committee.
Source	Complete this form on-line using the template in the public state-approved forms folder on Outlook.
Completion	Designated staff in the local office prepare the form when a case is scheduled to be presented to the foster care review committee.
Distribution	Mail the form at least five working days before the scheduled review date. The original shall be sent to the addressee. File the copy in the child's case record.
Data	If the person to be notified is not the social worker, list the person's name and phone number. If the case plan or any other case information is being sent along with the letter, add a sentence explaining this.

Foster Family Placement Contract, Form 470-0716

Purpose	Form 470-0716 is the formal contract between the Department and the foster parents stating the terms of the placement.
Source	Department staff may complete this form on line using the template in the public state-approved forms folder on Outlook. Juvenile court staff should print the form from the on-line manual for manual completion. The form can also be accessed through FACS.
Completion	<p>The Department worker prepares the form, as DHS has financial responsibility for the placement. Juvenile court services shall complete the contract with the foster parents when they are responsible for the placement.</p> <p>Complete the form when:</p> <ul style="list-style-type: none">◆ A child is placed in a foster family home that will be supervised directly by the Department or by juvenile court services.◆ When supervision is purchased.◆ There is a change in any of the terms of the placement (e.g., rate of payment). <p>The contract shall be approved by the worker's supervisor, or if the contract involves a difficulty of care payment, by the service area manager. The sequence of signature depends on local office procedures.</p>
Distribution	When the form is completed, make a photocopy to file in the child's case record and give the original to the foster parents.
Data	<p>The child's name and birth date shall correspond to the information entered in FACS.</p> <p>The effective date is the date of placement or the date the revised terms become effective.</p>

Special provisions shall include any specific obligations either for the worker or the foster parents, such as transportation for counseling, arrangement for home visits, etc. Each foster parent shall sign the contract.

The special provision section also needs to include the entry of all applicable names and phone numbers. The caseworker responsible for the placement of a child in family foster care shall enter their home phone number as an after-hours emergency number.

Any additional emergency numbers that the foster parents may need shall also be entered in this section.

Foster Family Removal Letter, Form 470-0718

Purpose	Form 470-0718 is the means of informing a foster family when a placement is terminated. It contains all the information needed to meet the legal requirements for this action.
Source	Complete this form on-line using the template in the public state-approved forms folder on Outlook.
Completion	<p>When the removal is instigated by the placing agency, the placing worker prepares the form ten days in advance of the planned removal date, unless there is evidence of child abuse.</p> <p>In placements supervised by the Department, the placing worker is the Department worker. In placements supervised by a private agency, the placing worker is the private agency worker.</p> <p>When there is evidence of abuse, or when the placement is terminated through action of some other party (the court, the parent, or the child), prepare the form when the decision is made that the placement is terminated.</p> <p>Prepare two copies of the form.</p>
Distribution	Give or send the one copy to the foster parents; file a copy in the child's case record.
Data	The form is self-explanatory.

General Accounting Expenditure, GAX

Purpose

The *General Accounting Expenditure* is used to authorize payment for a variety of expenses. These instructions pertain only Family Assistance Fund expenditures and to claiming expenses for foster care and adoption payments for:

- ◆ Birth certificates and life books.
- ◆ Medical expenses for children in presubsidy that cannot be covered by the Medicaid program.
- ◆ Funeral expenses for children under the guardianship of the Department.

See XIII-J(3), **SERVICES NOT COVERED BY MEDICAID**, and XIII-J(1), **FUNERAL EXPENSES**, for more details.

Source

Complete this form on line using the template in the public state-approved administrative form folder on Outlook.

Completion

The Department worker or designated clerical staff prepare the form when expenses are incurred which require issuance of a special warrant. The person or agency making the claim must sign it and may be asked to complete the description section, but Department staff should do the coding.

Four copies are essential. In addition, local procedures may require a copy for the claimant or a control copy for the service area file.

Distribution

Send the original GAX with original signatures along with original receipts or verification and two copies of the whole packet, as follows:

- ◆ For Family Assistance Fund expenditures, send the material to the service area manager for approval and then to the family-centered service program manager in the Division of Behavioral, Developmental and Protective Services for Families, Adults and Children.

- ◆ For funeral expenses, send the material to the service area manager for approval and then to the Bureau of Purchasing, Payments and Receipts.
- ◆ For other expenses, send the material to the service area manager for approval and then to the adoption program manager in the Division of Behavioral, Developmental and Protective Services for Families, Adults and Children. Also send a memo explaining what the charges are and why they cannot be billed to Medicaid.

Always keep a control copy in the child's case record.

Data

Complete the form as follows:

Budget FY: Enter the budget fiscal year when this expense is incurred.

Date: Enter the date that the form is initiated.

Document Number: Enter "41379."

Vendor Code: Enter the federal employer identification number or social security number of the provider.

Agency Name: Enter "Department of Human Services."

Vendor Name and Address: Enter the name and mailing address of the person being reimbursed. The warrant will be made out to this name and mailed to this address.

FOB: Enter the name and state ID number of the child for whom the expenses were incurred. Leave blank for multiple Life Books.

Order Approved By: Enter the original signature of the service area manager or authorized designee and the date signed. (If a stamp is used, the person approving the claim must initial the entry.)

Description: Enter an itemized list of expenses being claimed.

Unit Price: Complete if applicable.

Total Price: Enter the total price for this bill.

Claimant's Certification: The form must be signed by the person to whom the reimbursement will be made (or a representative of the agency, if applicable).

Agency Certification: Leave blank for sign-off by Bureau of Purchasing, Payments, and Receipts.

Document Type: Enter "PV."

Doc Number: Enter "41379."

Budget FY: Enter the budget fiscal year when this expense is incurred.

Vendor Code: Enter the vendor's identification number (either a business federal ID number or a social security number).

Line No.: Multiple lines are needed only if more than one type of claim is combined on one form.

Fund: Enter "0001."

Agency: Enter "413."

Organization: Enter the code for the child's type of care.

<u>Code</u>	<u>Type of Care</u>
DAL3	Legal fees
DPPC	Family Assistance Fund
NAPE	All other expenses for IV-E-eligible child receiving adoption presubsidy or subsidy
NAPS	All other expenses for non-IV-E -eligible child receiving presubsidy or subsidy
NFME	All other expenses for IV-E-eligible child receiving family foster care
NFMS	All other expense for non-IV-E -eligible child receiving family foster care

Sub Organization: Enter the decategorization project number (the cluster number).

Object: Enter the code for the type of claim made.

<u>Code</u>	<u>Type of Claim</u>
2462	Legal fees
2213	Life books
2218	Birth certificate
2801	Family Assistance Fund
4240	Funeral expenses
4334	Noncovered medical care
4518	Noncovered medical supplies and equipment

Amount: Enter the amount payable.

Total: Enter total of the amounts from each line. This will be the amount of the warrant.

Health Services Application, Form 470-2927

Purpose

The *Health Services Application* is designed to be a brief and easily understood form to assist people applying for various health-related programs using a single application. With this form an applicant does not have to provide identical information to several different agencies in order to apply for the programs each agency administers.

For DHS, these programs include SSI-related and FMAP-related Medicaid, State Supplementary Assistance, Medically Needy, and refugee Medicaid.

The same application may also be used to request nutrition assistance under the Women's, Infants, and Children's food program (WIC) and for services at maternal health centers or child health centers.

Examination of Medicaid eligibility is required in child welfare cases to obtain federal Medicaid funding for rehabilitative treatment services and PMIC services for eligible children.

Source

Form 470-2927 is printed in pads of 30 sets. The Spanish translation, form 470-2927(S), is printed in pads of 10 sets. Order supplies from Iowa Prison Industries at Anamosa. (See 6-Appendix, **Health Services Application, Forms 470-2927 and 470-2927(S)**, for a sample of the Spanish form.)

Completion

Unless the child is currently on Medicaid, give or mail the *Health Services Application* to the parents within three working days from date of removal order or acceptance for service, or complete the form with the family. If you send the form, give a ten-day due date for completion.

See 8-B, **Information Provided**, for a list of pamphlets to provide to the client with the *Health Services Application*.

Offer the *Public Assistance Application* when a family wants to apply for FIP or food stamps as well as Medicaid. (See 6-Appendix, **Public Assistance Application, Forms 470-0462 and 470-0466 (Spanish)**.)

The parent, guardian, or responsible person shall complete the form. When both parents or spouses are in the home, both must sign the application. A friend, relative, authorized representative, or DHS staff may help, if needed. A person who assists in completing the application must also sign the form.

If the parent or guardian is unwilling to apply, and the case is under the jurisdiction of the juvenile court, request a court order directing the parent or guardian to apply on the child's behalf.

If the parent or guardian does not complete the form, the juvenile court officer or social worker must complete the form on the child's behalf and submit it to the IM worker.

People receiving Medicaid under an SSI-related coverage group shall complete a new *Health Services Application* for reviews.

Distribution

Mail or give the *Health Services Application* to the family. Provide self-addressed stamped envelope for returning the form to the Income Maintenance unit. For children in foster care, use the IV-E IM worker's name and address.

When the applicant requests WIC or maternal and child health services, the IM worker will send the application to the local WIC or maternal and child health services office.

If the service unit receives the application, date stamp it and then forward it to the income maintenance unit within two working days of receipt. For the purpose of Medicaid, the application date is the date the first office received the application.

If the client wants a copy of the completed application, photocopy the form for the client.

Data

The form collects information about household members, family income, and resources to serve as a starting point for eligibility determination.

Medicaid Referral, Form 470-3061

Purpose	The <i>Medicaid Referral</i> is designed to refer family preservation and family-centered services clients to apply for Medicaid. It is to be used in conjunction with the <i>Health Services Application</i> , form 470-2927 or 470-2927(S).
Source	Form 470-3061 is printed in pads of 25 three-part carbonized sets. Order supplies ordered from Iowa Prison Industries at Anamosa.
Completion	<p>When a family that is not currently covered by Medicaid is approved for family preservation services or family-centered services, the social worker or juvenile court officer responsible for the service case shall:</p> <ul style="list-style-type: none">◆ Complete the identifying information on the form.◆ Give this form to the family along with a <i>Health Services Application</i>.
Distribution	<p>Attach the form to the <i>Health Services Application</i> and send or give it to the client.</p> <p>Send one copy to the county office IM Unit.</p> <p>File the remaining copy in the case record.</p>
Data	<p>County No.: Enter the number of the county where the family resides.</p> <p>Referring Worker No.: DHS social workers enter their worker number (e.g., CSA1). Juvenile court officers enter the worker number used when their family preservation and family centered services cases are entered into the system. This is usually CS00, but may differ in some counties.</p> <p>Date of Referral: Enter the current date.</p> <p>Client: Enter the name of the child who is the focus of the services.</p> <p>SS No.: Enter the child's social security number.</p>

Custodial Relative: Enter the name of the head of the child's household.

Address: Enter the family's address.

Medical Transportation Claim, Form 470-0386

Purpose	Foster care providers use form 470-0386 to file a claim with the county office for medical transportation. The back of the form provides an explanation of transportation policy and instructions for completion of the form.
Source	This form may be completed on-line using the template in the public state approved forms folder on Outlook. It is also printed in pads of 50 forms. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>Give a supply of these forms to each foster care provider. The form is prepared at the time of receipt of medical transportation.</p> <p>One form must be prepared for each trip. Exception: A child who makes multiple trips to the same medical provider in one calendar month can consolidate the trip information in Section II and the provider information in Section III (Medical Services) on one form.</p> <p>If separate providers of medical care are involved, a separate form is required for each.</p>
Distribution	<p>The foster care provider submits claim to the service unit. The service unit sends it to the child's IM worker for review according to procedures in 8-M, Processing Medical Transportation Claims. Following ABC entries to pay the claim, the form is filed in the child's Medicaid case record.</p> <p>Send the foster care provider two copies of the claim form for the next trip.</p>
Data	<p>The child or the foster care provider completes:</p> <ul style="list-style-type: none">◆ Section I, Identification◆ Section II, Trip Information◆ Section IV, Certification by Recipient <p>The provider of medical care completes Section III, Medical Services. The county office completes Section V, Comments, if necessary.</p>

Non-Law Enforcement Record Check Billing Form, Form 595-1494

Purpose	Form 595-1494, <i>Non-Law Enforcement Record Check Billing Form</i> , is used to authorize payment to the Department of Public Safety, Division of Criminal Investigations, for performing criminal record checks for prospective relative placements.
Source	This form is printed in pads of 100 sheets. Order supplies from Iowa Prison Industries in Anamosa
Completion	<p>Complete this form each time any <i>Non-Law Enforcement Record Check Request, Form A</i>, form 595-1489, is sent to the Division of Criminal Investigations. Be sure to complete the section headed "From:" with your complete office address.</p> <p>If you send <i>Form A</i>'s without a <i>Billing Form</i>, the Division of Criminal Investigations will return them to you, incomplete, and require \$13 for each name requested.</p>
Distribution	Send to the Division of Criminal Investigations with <i>Form A</i> . If sending several <i>Form A</i> 's at the same time, you need to send just one <i>Billing Form</i> , completed to show how many names you are requesting be checked in that batch of forms. The form is designed to be used with a window envelope.
Data	<p>Complete the form as follows before submitting it:</p> <ul style="list-style-type: none">◆ Enter the requesting DHS office's name and address in the "From:" section.◆ Enter the number of surnames submitted with this form in the "Number of Requests:" field, including each alias name, maiden name, and previous married name. This number should match the number of <i>Form A</i>'s, accompanying the <i>Billing Form</i>.◆ Following the "Amount enclosed" enter nothing.◆ Under "METHOD OF PAYMENT:" check "Pre-arranged billing."

Non-Law Enforcement Record Check Request Form A, 595-1489 and 595-1489(S)

Purpose	<p><i>Non-Law Enforcement Record Check Request Form A</i>, form 595-1489 or 595-1489(S), is used to request a check for criminal convictions on the prospective relative placement and anyone aged 14 or over who lives in the relative's home or has access to a child when the child is alone.</p> <p>The Division of Criminal Investigations also uses this form to report the results of the check.</p>
Source	<p>Staff may complete this form on line using the template in the public state approved forms folder on Outlook. Both the English and Spanish versions of this form are also printed in pads of 50 two-part sets. Order supplies from Iowa Prison Industries in Anamosa</p>
Completion	<p>At the time of initial consideration of the relative for placement, complete this form for:</p> <ul style="list-style-type: none">◆ The relative, and◆ Each person aged 14 or over who:<ul style="list-style-type: none">• Resides in the relative's home,• Works in the home, or• Has access to a child when the child is alone. <p>Obtain the signature of the person being checked under "waiver," so a complete record check may be performed.</p> <p>Be sure to complete the section headed "From: _____" with the complete address of your office. When the record check is completed, the Division of Criminal Investigations will return the form by regular mail to the office shown in this section.</p>
Distribution	<p>Send one copy by regular mail or fax to the Division of Criminal Investigations. The form is designed to be used with a window envelope. Use the address and fax number on the form.</p>

Form 595-1494, *Non-Law Enforcement Record Check Billing Form*, must accompany *Form A*. When submitting more than one *Form A*, send one *Billing Form* which shows how many names you are requesting to be checked in that batch of forms.

When the form is returned, destroy the copy. If no criminal records are found, file the form in the provider's file.

Submit forms indicating criminal records to the service area evaluation team to evaluate the conviction. Keep these forms in a separate file.

Data

Complete the form as follows before submitting it:

- ◆ Enter the requesting worker's name, work address, fax number and telephone number in the "From:" spaces.
- ◆ Enter the name, maiden name, sex, social security number, and birth date of the person whose records are requested.
- ◆ The requesting worker signs the "request" section.
- ◆ The person being checked signs the "waiver" section.

Notice of Decision: Services, Form 470-0602

Purpose	Workers use form 470-0602 to notify a service applicant or recipient of all actions taken which affect the client's case and which are not IFMC-authorized or court-ordered. The form presents the information in a way that meets due process requirements and documents these actions.
Source	This form may be completed on-line using the template in public state approved forms folder on Outlook or it may be photocopied from the paper manual.
Completion	<p>The worker prepares an original and one copy of this form to notify clients of eligibility determinations and service needs for the following case actions:</p> <ul style="list-style-type: none">◆ An application is approved, denied, or withdrawn.◆ Services are renewed as a result of a regular or special review.◆ The service is changed.◆ Services are terminated.◆ A client is required to pay client participation.◆ The client participation amount changes. <p>Note: Do not use this form for decisions made by IFMC.</p> <p>When a DHS (non-POS) family therapist provides family therapy services, the DHS family therapist prepares the notices for the family therapy services.</p>
Distribution	Give the original to the client. File a copy in the case record.
Data	Identifying Information: The case number may be omitted on applications.

Explanation of Action: Include in this section:

- ◆ The action taken;
- ◆ The services, if new or changes, and
- ◆ The specific basis for the action in words the client can understand.

If services are being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the *Employees' Manual* that supports the action taken. (Administrative rule reference may be added).

Fees: For clients with client participation, specify:

- ◆ The service the client participation covers.
- ◆ The amount of the client participation.
- ◆ The period covered by the client participation (e.g., \$20 per month).
- ◆ The person to whom the fee is payable.

Payee/Placement Changes, Form 470-3359

Purpose	Form 470-3359 is used to provide information to the contractor for the SSI Advocacy Project regarding payee changes or placement changes.
Source	Form 470-3359 is available as a template in the public state-approved forms folder on Outlook, Service folder.
Completion	The child's service worker prepares this form when changes have taken place during the time the referral is being processed and after a positive decision.
Distribution	Complete the form in Outlook. Print the form and FAX to the contractor for the SSI Advocacy Project to the telephone number on the form along with the current court order giving DHS custody of the child. File the form in the child's case record.
Data	The form contains identifying information, payee change request and data about the child's move within or out of foster care.

Physical Record, Form 470-0580

Purpose	Form 470-0580 is used to obtain an initial and continuing record of a child's physical history and medical care. The form may be used for children in all foster care situations, as it meets the federal Medicaid requirements for early and periodic screening and the federal requirements for inclusion of health information in a child's case permanency plan.
Source	Print this form from the on line manual or photocopy the sample from the paper manual.
Completion	<p>The child's physician shall complete the <i>Physical Record</i> or equivalent document before a child's entry into foster care, if at all possible, and at least annually thereafter. If it is not possible to complete the form before placement, then it shall be completed within seven days of a child's entry into foster care.</p> <p>Whenever possible, the service worker shall give the <i>Physical Record</i> to the child's parents to be completed before foster care placement. If the child has to be placed in foster care before the physical is completed, the worker may request the foster care provider's assistance in getting the form completed.</p> <p>If neither the parents or foster care provider assist in getting the form completed, the worker shall make arrangements for getting the physical completed.</p>
Distribution	<p>File the original form, signed by the physician, in the child's record. Complete two or more copies.</p> <p>Give a copy to the foster care provider.</p>

Placement Agreement: Child Placing or Child Caring Agency (Provider), Form 470-0719

Purpose	Form 470-0719 is used in securing a written agreement as to acceptance of a child in foster care in a child-placing or child-caring agency.
Source	Complete this form on-line using the template in the public state-approved forms folder on Outlook.
Completion	<p>The foster care worker shall prepare two copies of this form at the time a child enters purchased foster care and upon each change in placement.</p> <p>The immediate supervisor shall approve the form.</p>
Distribution	File the original of form 470-0719 in the child's case record. Give the duplicate to the child-placing or child-caring agency.
Data	Under the "special provision" section, make explicit any agreement between the Department and the agency which is not otherwise made explicit in the agreement.

Placement Agreement: Specialized Psychiatric Institution, Form 470-2490

Purpose	Form 470-2490 is used to secure a written agreement when a foster care child in Department custody or guardianship is placed in a specialized psychiatric institution.
Source	This form may be completed on-line using the template in the public state approved forms folder on Outlook. Form 470-2490 can be photocopied from this manual as needed.
Completion	<p>The foster care worker shall prepare this form at the time a child enters the placement.</p> <p>The immediate supervisor shall approve the form.</p>
Distribution	File the original in the child's case record. Give the duplicate to the facility.
Data	Under the "special provision" section, make explicit any agreement between the Department and the facility, not otherwise made explicit in the agreement.

PMIC Exchange of Information, Form 470-2479

Purpose	Form 470-2479 provides a means of communication for the service worker assigned to a child placed in a psychiatric medical institution, and the IM worker assigned to the facility.
Source	Form 470-2479 is printed with 25 forms on a pad. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>The service worker assigned to the case completes the information on the right side of the form when:</p> <ul style="list-style-type: none">◆ A child is referred to IM for a Medicaid eligibility determination.◆ Extra visit days are approved.◆ There is a change in the child's income, parental support, or health insurance coverage.◆ When the child leaves placement. <p>The IM worker assigned to the facility completes the information on the left side of the form:</p> <ul style="list-style-type: none">◆ To inform the service worker and the Foster Care Accounting Unit of the Medicaid eligibility and client participation decisions.◆ To inform the service worker of IFMC level of care decisions.◆ To request review information.◆ To report excess visit days or an unplanned absence from the facility.
Distribution	Mail the original to the worker to whom information is to be sent. File the copy in the case record of worker sending the form.

Data

General Information (These instructions are for both service and IM workers.)

- ◆ **To:** Enter the name of the receiving worker and county where the worker is located. Check whether the form is being sent to an IM or service worker.
- ◆ **From:** Enter the name of the sending worker and county where the worker is located. Check whether the form is being sent from an IM or service worker.
- ◆ **Re:** Enter the name of the child involved, the child's state ID number (or social security number, if the state ID is not assigned) and birth date, and the name of the facility in which the child is placed with the date of entry. Complete the facility name as specified by the facility. Do not use nicknames of the facility.

Service Section (These instructions are for service workers.)

◆ **Medicaid Eligibility**

- **Child in subsidized adoption:** If the child is in subsidized adoption, check whether the child is IV-E-eligible and indicate if a maintenance payment is made for the child.
- **Attached is Medicaid application:** Check this box if Medicaid eligibility is unknown or if the child's Medicaid eligibility is provided with state funds only.

Attach a copy of 470-2927 or 470-2927(S), *Health Services Application*, and a copy of the court order placing the child in foster care.

Indicate the name and address of the person (i.e., child, child's parent, or child's guardian) who should be notified of decision regarding the child's eligibility for Medicaid.

- **Child is Medicaid recipient:** Check this box if the child is already eligible for Medicaid, and check whether eligibility is SSI-related or FMAP-related. Attach a copy of the court order placing child in foster care.

The facility IM worker will obtain the needed financial documentation from the foster care IM worker.

♦ **Income and Health Insurance Data**

- **Court-ordered support or child's income:** Check this item if there is court-ordered child support or unearned income. Attach a copy of the court order setting the child support and indicate the name of the payee for the support or income of the child.

Indicate the date that the worker has requested that the Department be appointed payee for the child's income, if the payee is someone other than the Department when the child enters foster care.

- **Change:** Check this box if there is a change in earned or unearned income, insurance, court-ordered child support, or if the Department becomes payee. Attach an explanation.

♦ **Other**

- **Extra visit days approved:** Check this box if the district administrator or designee has approved visits in excess of maximum of 30 days per year. Note the number of days approved.
- **Child leaving this placement:** Check this box when the worker knows the planned date of discharge, or the child runs away, or there is an unplanned discharge.

Note the date and the type of placement in which child will be placed next, from the following: home, family foster care, group foster care, medical institution, shelter care, independent living, runaway, other. If other, provide an explanation.

IM Section (These instructions are for IM workers.)

- ◆ **Medicaid eligibility:** Check whether the child is eligible for federal financial participation through Medicaid. Enter the effective date on line provided. If child is not eligible for federal financial participation through Medicaid, enter the reason and the effective date of state-only eligibility.

Enter the client participation amount for the first month for a child entering the facility and for the last month for a child leaving the facility. Also enter the gross amount of unearned income and earned income of the child.

- ◆ **IFMC decision:** When a child in foster care or subsidized adoption enters a PMIC, check whether IFMC has approved or denied the level of care, and send a copy to the service worker. Attach a copy of form 470-0042, *Case Activity Report*.
- ◆ **Other**
 - **Review form attached:** Check this box when a Medicaid review is required. Attach a copy of the review form (PAER, 470-0455, for FMAP-related eligibles, or form 470-2927 or 470-2927(S), *Health Services Application*, for SSI-related eligibles).
 - **Visit days exceed maximum:** Check this box and send copy of form 470-0042, *Case Activity Report*, when visit days will exceed maximum.
 - **Runaway or unplanned discharge:** Check this box and send copy of form 470-0042, *Case Activity Report*, when the facility reports that the child has run away or an unplanned discharge has occurred.
 - **Signature and date:** The worker sending the form signs and dates the form.

Preplacement Screening for Supervised Apartment Living Foster Care, Form 470-4063

Purpose	Form 470-4063 assists case managers in determining if placement in the supervised apartment living foster care program is appropriate.
Source	This form may be completed on line using the template in the public state-approved forms folder on Outlook. You can also print the form from the DHS on-line manual or photocopy it from the paper manual.
Completion	The youth's case manager prepares an original and one copy of the form when considering placement of the youth in supervised apartment living.
Distribution	Attach a copy of the form to the <i>Request for Approval of Supervised Apartment Living Foster Care Placement</i> , form 470-3186, and forward both forms to your immediate supervisor. Place a copy in the case record.
Data	<p>Complete all items on the form to assist in determination of placement. The form covers the youth's:</p> <ul style="list-style-type: none">◆ School and work history◆ Medical or mental health issues, including pregnancy◆ Substance abuse◆ Parenting responsibilities◆ Cooperation and compliance at the current placement◆ History of delinquency◆ History of violence

Pages 75 through 78 are reserved for future use.

Receipt of HIV-Related Information, Form 470-3227

Purpose	Form 470-3227 is used by the person receiving HIV-related information to document understanding of the confidentiality of this knowledge.
Source	Form 470-3227 can be printed from the on-line manual or photocopied from the paper sample.
Completion	The worker prepares an original and one copy of the form. All persons to whom the Department releases HIV-related information regarding a specific child verbally or in writing shall sign this document within 10 days of receipt of the information. (Iowa Code section 141A.9)
Distribution	File an original in the case record and give a copy to the person receiving the information.
Data	Complete all items.

Referral Guide for Transition Planning, 470-3185

Purpose	<p>Form 470-3185 is used to exchange information with the transition planning specialist regarding the transition planning needs of teens in foster care.</p> <p>The Iowa Code requires that a written plan of services for all teens in foster care aged 16 or older of, to assist the child in preparing for the transition from foster care to adult life, be included in the <i>Case Plan</i>, form 470-3453. This plan is to be based on an assessment of the child's needs.</p> <p>It is the responsibility of the case manager to address concerns that have been identified. This form is designed to assist the case manager and transition planning specialist in determining the level of service that will be provided by the transition planning specialist.</p>
Source	<p>Complete this form on-line using the template in the public state-approved forms folder on Outlook.</p>
Completion	<p>The transition planning specialist will prepare an original and one copy of this form and send to the case manager. The case manager shall complete the applicable portions of the form within 10 days of receipt and return a copy to the transition planning specialist.</p> <p>If the form is received for a payment only case, the worker needs to enter the name of the juvenile court officer as the case manager and then return the form to the transition planning specialist.</p> <p>Note: The case manager may also generate the form if a foster care youth aged 16 or older has a change in circumstances after the initial 470-3185 has been returned to the transition planning specialist, or a child younger than age 16 is in need of transition planning services.</p> <p>Prepare this form when:</p> <ul style="list-style-type: none">◆ A foster care youth in the system attains age 16.◆ A youth aged 16 or 17 enters the foster care system.

Distribution	<p>Send the form to the transition-planning specialist that covers the county where the child is from. This may be done electronically or in paper form. Place a copy of the form in the case file.</p> <p>If “yes” is marked for any item under number 2, also send a copy of the <i>Case Plan</i>, form 470-3453. Include a social history, pertinent evaluations or provider reports if available. If the assessment is court ordered, include a copy of that order.</p>
Data	<p>Enter the identifying information in the boxes provided.</p> <p>Complete applicable items 1 through 5.</p>

Referral of Client for Rehabilitative Treatment and Supportive Services, Form 470-3055

Purpose	<p>Form 470-3055 is used as a referral form to inform the provider about services they are authorized to provide.</p> <p>The Iowa Foundation for Medical Care (IFMC) uses this form to notify the child, the guardian or custodian, and the referring worker of the service authorization decision reached.</p> <p>The form is also used to inform the provider when services are terminated or changed during the authorization period.</p>
Source	<p>IFMC uses an electronic version of the form in conjunction with form 470-3454, <i>Rehabilitative Services Authorization</i>.</p> <p>Department staff may complete this form on-line using the template in the public state approved forms folder on Outlook.</p>
Completion	<p>IFMC shall prepare three copies of form 470-3055 for every child referred to IME for service authorization.</p> <p>The juvenile court officer or the DHS worker, as the “referral worker,” completes the form before:</p> <ul style="list-style-type: none">◆ Initiation of services, when used as a referral form,◆ The date of change, when terms of the services change, or◆ The termination date, if services are terminated during the authorization period.
Distribution	<p>Send the original to the provider. Keep a copy in the case record. Juvenile court officers should also send a copy to the county DHS office.</p>

Data

Use the information provided by IFMC on the *Rehabilitative Services Authorization*, form 470-3454, to indicate the approved service, units, and duration. For services approved as rehabilitative, list the specific medical-behavioral needs identified by IFMC in the special instructions section.

For services denied for rehabilitation but ordered by the court, or approved as an exception to policy, cross out “rehabilitative treatment services,” and correct the label to read “Referral: Approved, nonrehabilitative needs.”

The sum of the services, units, and duration approved by IFMC shall be represented on the form (or on a combination of forms when multiple providers are used).

You may include guidelines for the provider’s monthly utilization of authorized units. Determine the service need and intensity for supportive services.

Rehabilitative Services Authorization, Form 470-3454

Purpose	<p>The <i>Rehabilitative Service Authorization</i> provides notification to the referral worker of the Iowa Foundation for Medical Care (IFMC) decision regarding service necessity for rehabilitative treatment services. It identifies the scope, amount, duration, and specific medical-behavioral health need of the child.</p> <p>This form is also used to document when rehabilitative treatment services are authorized through court order, an appeal decision, or through an exception to policy.</p>
Source	<p>IFMC uses an electronic version of this form in conjunction with form 470-3055, <i>Referral of a Client for Rehabilitative Treatment and Supportive Services</i>.</p>
Completion	<p>IFMC prepares one copy of this form when:</p> <ul style="list-style-type: none">◆ A referral worker makes a request for authorization of rehabilitative treatment services,◆ A juvenile court orders the service when IFMC has denied authorization,◆ An appeal decision has reversed an earlier denial by IFMC, or◆ The Director of the Department grants an exception to policy.
Distribution	<p>IFMC e-mails or faxes the original to the referral worker for the child's case record. IFMC keeps a copy.</p>
Data	<p>The form documents:</p> <ul style="list-style-type: none">◆ Demographic information◆ The amount, duration, and scope of requested services◆ Assessments done on the child◆ The child's DSM diagnosis◆ The child's medical-behavioral health care need◆ The risk factors and severity considered in making the decision◆ The amount, duration, and scope of authorized services.

Release of Confidential HIV Information, Form 470-3234

Purpose	Form 470-3234 documents the release of HIV information and reasons for release. A record is maintained to ensure compliance with confidentiality policies for HIV information.
Source	Form 470-3234 may be printed from on-line manual or photocopied from sample in Employees' Manual.
Completion	The worker prepares one copy of the form.
Distribution	The form is filed in the client's record.
Data	Record. <ul style="list-style-type: none">◆ The type or method of release,◆ The date HIV information was released,◆ The type of information released,◆ The recipient of the information, and◆ The reason why HIV information was released

Request for Approval of Supervised Apartment Living Foster Care Placement, Form 470-3186

Purpose

Form 470-3186 is used to:

- ◆ Obtain the service area manager's approval for a youth age 16 or older to be placed into supervised apartment living foster care.
- ◆ Obtain authorization for payment of start-up costs needed by the youth.

Source

This form may be completed on line using the template in the public state-approved forms folder on Outlook. You can also print the form from the on-line manual or photocopy it from the paper manual.

Completion

The youth's case manager prepares the form after a foster care staffing has determined that a supervised apartment living placement is the appropriate level of care for the youth.

Complete all information above the approval section and obtain the supervisor's signature. Then obtain the signature of the service area manager or designee.

The service area manager or designee approves or denies the placement and work requirement waiver (if applicable) and indicates the amount of the start-up money approved.

Distribution

File the signed original in the case record.

Data

The form lists the eligibility requirements for supervised apartment living placement and the amount of funds needed for start-up costs.

Request for Child Abuse Information, 470-0643

Purpose	<p>Form 470-0643 is used:</p> <ul style="list-style-type: none">◆ To request registered child abuse information.◆ To verify the identify of the person filing the request.◆ To respond to the request for information.◆ To record the dissemination of information.
Source	<p>DHS staff can complete this form on line using the template available through the public state-approved forms folder on Outlook.</p>
Completion	<p>The form is initiated by any person wishing to obtain child abuse information from the Central Abuse Registry. A separate form must be completed for each family about whom information is requested (or each individual, for employment checks).</p> <p>Section I and either Section II or Section III is completed by the individual or agency staff person requesting the information.</p> <p>Section IV is completed by the Central Abuse Registry staff or a staff person designated by the service area manager as approved to relay founded child abuse information to any authorized requester.</p> <p>All local offices are authorized to release information to the subjects of a child abuse investigation or assessment (or to a subject's legal representative) upon verification of identity and subject status.</p>
Distribution	<p>For requests originating outside the Department and employment checks from Department institutions, send the form to the Central Abuse Registry. The Registry returns the completed form to the requester and retains a copy to record dissemination if a record of founded child abuse exists.</p>

Forms transmitted by the Registry to a Department personnel office are handled according to policy in 16-E(1) on registered reports.

For **internal DHS requests** from licensing, registration or placement approval record checks and requests for the written report, provide the form to the field staff designated in the service area to do child abuse record checks and release of **registered reports**:

- ◆ Send one copy to the Registry to record any dissemination of information. (Submit only if there is information on a registered incident or a registered written summary has been released.)
- ◆ Keep one copy of the completed form for the county office records.
- ◆ Send one copy to the requester with the result of the check. The Registry provides county office with the Iowa Code reference to in recording the result of the check. When a report is released, the name of the reporter must always be deleted.

Data

Section I identifies the requester and attest that the requester understands the legal provisions for handling child abuse information.

Section II is completed by a person responsible for the placement or licensure, registration, or approval for payment of facilities who is seeking child abuse record checks for applicants or employees.

Section III is completed by a subject, mandatory reporter, or agency staff person requesting a copy of the written summary.

Section IV gives the outcome of the request.

Request for Medicaid Information, Form 470-2737

Purpose	Form 470-2737 is a letter that requests the parents, guardian, or other responsible persons to provide the information necessary to determine the medical coverage group for the child in foster care.
Source	Complete this form on-line using the template in the public state-approved forms folder on Outlook.
Completion	The service worker shall prepare and mail this form within three working days of a child's entry into foster care.
Distribution	Send one copy to the parents, guardian or other responsible person with the <i>Health Services Application</i> , form 470-2927 and 470-2927(S). Maintain one copy in the child's foster care file.
Data	<p>Complete as follows:</p> <ul style="list-style-type: none">◆ Fill in the date the letter is sent to the family.◆ Enter the family's name and address.◆ Enter the date that the letter is to be returned to the worker in the designated area.◆ Enter the service worker's phone number.◆ Enter the worker's signature.

Request for Tangible Goods, Child Care and Ancillary Services, Form 470-3056

Purpose	Form 470-3056 is used to secure prior authorization for the purchase of tangible goods, child care, or ancillary services that foster parents caring for special needs children may need.
Source	Complete this form on-line using the template available in the public state approved forms folder on Outlook.
Completion	<p>The foster care worker shall prepare two copies this form when it is determined that foster parents require the designated services to meet the needs of a special needs child in care. Complete the form before the actual purchase of services.</p> <p>The immediate supervisor shall approve the form.</p>
Distribution	Provide the original to the foster parent and file a copy in the child's case record.
Data	<p>The items on the form are to be completed as follows:</p> <p>Child's Name: Enter the child's name.</p> <p>Age: Enter the child's current age.</p> <p>Foster Parent's Name and Address: Enter the foster parent's name and address.</p> <p>Reason for Request: Enter a brief statement (1-2 sentences) detailing the reason for the request.</p> <p>Describe Child's Special Need: Briefly describe the special need and how the special need relates to the request.</p> <p>Identify Service: Check the appropriate service.</p>

Total Amount Requested: Enter the total amount of the request and indicate if the amount is a one-time-only payment or a recurring monthly payment.

For child care requests, enter the projected number of hours per month care will be provided and the hourly rate. **Note:** Child care services may be provided by a licensed foster parent or a licensed or registered child care provider.

Signatures: Obtain the indicated signatures.

When the service area manager's authorization is obtained, generate payment to the foster parent or service provider via the ABC system according to instruction in 18-D, ***FAMILY FOSTER CARE***.

Note: Secure original receipts, signed by the foster parent or service provider and maintain them in the child's case record.

SSI Advocacy Project Referral, Form 470-3361

Purpose	Form 470-3361 is used to provide information to the contractor for the SSI Advocacy Project.
Source	Complete this form on line using the template in the state-approved forms folder on Outlook.
Completion	<p>The child's service worker prepares an original and one copy of this form to request that DHS be named payee when:</p> <ul style="list-style-type: none">◆ A child entering care is already receiving SSI or Social Security benefits and is expected to be out of the home for more than 90 days.◆ A child entering care who has significant physical or mental health problems.
Distribution	Send the original to the contractor for the SSI Advocacy Project at the address listed on the form.
	File the a copy in the child's case record.
Data	The form collects identifying information about the child and the child's disabilities.

Voluntary Foster Care Petition, Form 470-2634

Purpose	Form 470-2634 is used to facilitate the scheduling of the initial determination hearing for voluntary foster care placements if another format is not provided by the juvenile court.
Source	Print this form from on-line manual or photocopy the sample from the printed manual.
Completion	The foster care worker completes three pages of this form before placement.
Distribution	File the original with the juvenile court where the parents or guardian are signing the foster care petition. Give a copy to the parents or guardian and file a copy in the child's case record. Follow alternative procedures as developed by the juvenile court.

Voluntary Foster Care Placement Agreement, Form 470-0715

Purpose	Form 470-0715 is used for securing a written agreement for all voluntary placements in foster care. All voluntary placement agreements for children under age 18 shall terminate after 90 days. See XIII-J, Voluntary Placement for Children Under Age 18 and Voluntary Placement for Children Aged 18 or Older , for more specific policies.
Source	Complete this form on line using the template in the public state approved forms folder on Outlook. Print the form from the on-line manual or photocopy the sample.
Completion	<p>The foster care worker completes form <i>Voluntary Foster Care Placement Agreement</i> before the child's placement into foster care (unless it is an emergency placement) and, for youth age 18 and older, upon each six months' redetermination.</p> <p>Prepare three for children under 18; two for children 18 and over.</p>
Distribution	After obtaining all required signatures, file the original in the child's record, and give one copy to the child or the parent or guardian who signed the agreement. For children under 18, make sure the FACS referral to ICAR is complete for eligible foster care placements.
Data	Both parents' signatures are necessary when both have custody of the child.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 27, 2003

GENERAL LETTER NO. 18-AP-17

ISSUED BY: Division of Behavioral, Developmental, and Protective Services

SUBJECT: Employees' Manual, Title 18, **CHILD WELFARE APPENDIX**, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 60, revised; pages 61 through 92, new; and the following forms:

470-0615	<i>Application for All Social Services</i> , revised
470-0615(S)	<i>Application for All Social Services (Spanish)</i> , revised
470-3186	<i>Approval for Independent Living Foster Care Placement</i> , unchanged
470-3225	<i>Authorization to Release HIV-Related Information</i> , unchanged
470-3615	<i>Background Report, Part 1</i> , new
470-3698	<i>Background Report, Part 2</i> , new
470-3361	<i>Benefit Team Services Referral</i> , revised
470-3453	<i>Case Plan</i> , new
470-3943	<i>Court Cover Letter</i> , new
470-2412	<i>Family Assistance Fund Report</i> , unchanged
470-2413	<i>Family Preservation Service Report</i> , new
470-3725	<i>Foster Care Escrow Account Transaction</i> , new
470-2747	<i>Foster Care Provider Medical Letter</i> , revised
470-0714	<i>Foster Care Review Notice</i> , revised
470-0716	<i>Foster Family Placement Contract</i> , revised
470-0718	<i>Foster Family Removal Letter</i> , revised
470-2927	<i>Health Services Application</i> , new
470-3061	<i>Medicaid Referral</i> , unchanged
470-0386	<i>Medical Transportation Claim</i> , revised
595-1494	<i>Non-Law Enforcement Record Check Billing Form</i> , unchanged
595-1489	<i>Non-Law Enforcement Record Check Request Form A</i> , revised
595-1489(S)	<i>Non-Law Enforcement Record Check Request Form A (Spanish)</i> , new
470-0602	<i>Notice of Decision: Services</i> , revised
470-0580	<i>Physical Record</i> , revised
470-0719	<i>Placement Agreement: Child Placing or Child Caring Agency (Provider)</i> , revised
470-2490	<i>Placement Agreement: Specialized Psychiatric Institution</i> , updated
470-3359	<i>Placement Changes</i> , unchanged

470-2479	<i>PMIC Exchange of Information</i> , unchanged
07-350	<i>Purchase Order/Payment Voucher</i> , new
470-3227	<i>Receipt of HIV-Related Information</i> , unchanged
470-3185	<i>Referral Guide for Transition Planning</i> , revised
470-3055	<i>Referral of Client for Rehabilitative Treatment and Supportive Services</i> , unchanged
470-3454	<i>Rehabilitative Services Authorization</i> , revised
470-3234	<i>Release of Confidential HIV Information</i> , unchanged
470-0643	<i>Request for Child Abuse Information</i> , revised
470-2737	<i>Request for Medicaid Information</i> , revised
470-3056	<i>Request for Tangible Goods, Child Care and Ancillary Services</i> , revised
470-2634	<i>Voluntary Foster Care Petition</i> , revised
470-0715	<i>Voluntary Foster Care Placement Agreement</i> , revised

Summary

The entire child welfare forms appendix has been revised, updated, and reformatted. Several new forms have been added:

- ◆ The *Case Plan* template, form 470-3453, is the official record of the Department's involvement with the family. The face sheet is generated by FACS and includes identification, statistical, historical, service summary, and placement information for the family. The family's plan is a Word template. It is developed in partnership with the family, and includes a description of:
 - A plan to keep children safe,
 - Individual family strengths, supports, and needs,
 - How the strengths and family supports can assist the family in self-directed change, and
 - How the Department and others will assist the family in overcoming the needs.

In combination with the face sheet and the family plan, the out of home placement section is a Word template that includes all the federal required elements. The 'transition planning' section is added when planning is needed for the child's transition to adulthood.

This form replaces *Case Permanency Plan Parts A through D*, forms 427-1020, 427-1021, 427-1022, and 427-1023.

- ◆ The *Court Cover Letter* template is used to:
 - Summarize information being presented to the court,
 - Make recommendations to the court, and
 - Request specific actions by the court.

This form is completed and attached to any reports to the court or other evidence submitted to the court before a hearing on a child's case. The intent is to ensure that information is presented to the court and determinations are requested from the court for IV-E federal requirements.

- ◆ The *Foster Care Escrow Account Transaction* template is used to request withdrawal of funds in escrow and escrow account closing for children in foster care.

- ◆ *Background Report Part 1* and *Background Report Part 2* replace the *Child Study (Social History) Format*, RC-0027.
- ◆ The *Health Services Application* replaces the *Foster Care Medicaid Application* and is also used as a Medicaid application for psychiatric medical institutions for children and for families receiving family preservation on family-centered services.
- ◆ The *Purchase Order/Payment Voucher* replaces the *Claim Order/Claim Voucher*.
- ◆ A Spanish translation of form 595-1489, *Non-Law Enforcement Record Check Request Form A*, is added. This form is used to request criminal record checks on prospective relative placements.
- ◆ The *Referral Guide for Transition Planning* template is the updated version of *Referral to Independent Living Specialist*, used to exchange information with the transition planning specialist regarding the transition planning needs of teens in foster care.

Samples of all other forms are updated to current versions. Obsolete forms have been deleted. Forms that have been published in other manuals are deleted, as follows:

- ◆ Published in 13-C-Appendix:
 - *Adoption Notice of Decision*, 470-0745 (SS-6104-0)
 - *Adoption Subsidy Agreement*, 470-0749 (SS-6602-6)
 - *Agreement to Future Adoption Subsidy*, 470-0762
 - *Application for Subsidy*, 470-0744 (SS-6102-6)
 - *Exchange Registration of Family*, 470-0752
 - *Request for Information on Family Circumstances*, 470-2623
 - *Transfer of Subsidized Adoption Case*, 470-3003
- ◆ Published in 6-Appendix:
 - *Payment Application for Nonregistered Providers*, 470-2890
 - *Public Assistance Eligibility Report*, 470-0455 (PA-2140-0)
 - *Purchase of Service Provider Invoice*, 470-0020 (AA-2241-0)
 - *Quality Assurance Transmittal*, 470-0271 (DP-4024)
- ◆ Published in 13-B-Appendix:
 - *JCS Referral for Payment*, 470-3334

Effective Date

There is a phase in plan in effect for the *Case Plan* based on when training is completed in your service area. The deadline for phased-in implementation is June 1. After June 1, 2003:

- ◆ All new cases shall use the new format.
- ◆ The new case plan format shall be used at the time of a review on cases with existing case plans.

All other changes are effective upon receipt.

Material Superseded

Remove the entire Appendix from Employees' Manual, Title 18, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	November 2, 1993
Contents (page 1)	July 13, 1999
Contents (page 2)	February 16, 1999
Contents (page 3)	September 15, 1998
SS-6104-0 (470-0745)	3/94
1, 2, 2a, 2b	April 12, 1994
SS-6602-6 (470-0749)	3/94
470-0762	3/94
SS-1120-0 (470-0615)	5/95
2c, 2d, 2e	April 28, 1998
SS-1120-0(Sp) (470-0615)	4/98
2f	November 21, 1995
SS-6102-6 (470-0744)	3/94
470-3186	4/95
2g	November 21, 1995
2h	1999
470-3225	7/99
470-3361	7/97
2i	September 2, 1997
427-1020	10/87
3, 4, 4a	April 12, 1994
427-1022	5/92
5-8	September 15, 1998
427-1023	5/92
427-1021	5/92
470-3624	7/99
8a-8d	July 13, 1999
470-2959	5/99
RC-0027	2/92
9	November 2, 1993
10-13	December 17, 1996
625-5297	10/87
14	September 15, 1998
AA-2322-0 (470-0025)	5/84
15, 16	November 2, 1993
470-2325	7/95
16a	April 12, 1994
470-2921	12/91
17	November 2, 1993
18	April 12, 1994

470-0751	9/92
470-0752	9/92
18a, 18b	April 12, 1994
470-2412	11/93
19	November 2, 1993
20	November 21, 1995
470-2914	5/94
21-27	April 12, 1994
470-2779	7/94
470-2708	10/92
28	November 2, 1993
470-2747	7/90
470-0714	2/99
29, 30	February 16, 1999
SS-2605-0 (470-0716)	3/98
470-0718	1/95
30a	November 21, 1995
470-2446	12/92
31, 32	August 27, 1996
470-3333	8/96
470-3334	8/96
33	August 27, 1996
34-36	November 2, 1993
MA-3022-1 (470-0386)	12/95
470-3061	9/93
595-1494	3/97
36a-36c	December 8, 1998
595-1489	12/98
SS-1104-0 (470-0602)	2/99
37, 38	November 2, 1993
470-2890	5/99
38a, 38b	July 13, 1999
SS-0602 (470-0580)	11/90
39-41	November 2, 1993
SS-2611 (470-0719)	6/99
470-2490	7/88
42, 42a	September 2, 1997
470-3359	7/97
470-2479	9/98
43-47	November 2, 1993
PA-2140-(M) (470-0455)	11/96
48	July 12, 1994
AA-2241-0 (470-0020)	3/90
48a, 48b	July 12, 1994
48c	September 15, 1998
DP-4024 (470-0271)	8/92

49	May 10, 1994
50	November 21, 1995
470-3227	7/95
470-3055	8/98
50a-50e, 51, 52, 52a	September 15, 1998
470-3185	4/95
470-3454	6/98
Rehabilitative Services Decision	Undated
470-3234	9/95
SS-1606-0 (470-0643)	10/98
52b	November 21, 1995
470-2633	3/94
470-2737	7/90
52c, 53	December 17, 1996
470-3352	12/96
54	November 2, 1993
470-3056	10/93
55-57	November 2, 1993
SSA-11-BK	4/91
470-2405	12/92
58-60	April 12, 1994
470-3003	3/94
470-2634	7/92
SS-2604 (470-0715)	7/92

Additional Information

Destroy any remaining supplies of the following obsolete forms:

- ◆ 427-1020, *Case Permanency Plan Part A: Face Sheet*
- ◆ 427-1022, *Case Permanency Plan Part B: Initial Assessment*
- ◆ 427-1023, *Case Permanency Plan Part C: Problem & Responsibility List*
- ◆ 427-1021, *Case Permanency Plan Part D: Review*
- ◆ 470-2959, *Child Care Certificate*
- ◆ RC-0027, *Child Study (Social History) Format*
- ◆ 625-5297, *Claim Order/Claim Voucher*
- ◆ AA-2232-0 (470-0025), *Correction to Payment History*
- ◆ 470-2921, *Emergency Placement Document for Goal of Family Reunification*
- ◆ 470-0751, *Exchange Registration of Child/Sibling Group*
- ◆ 470-2914, *Foster Care and Subsidized Adoption Medicaid Review*
- ◆ 470-2779, *Foster Care Medicaid Application*
- ◆ 470-2708, *Foster Care or Subsidized adoption Exchange of Information*
- ◆ 470-2446, *Initial Foster Care Case Permanency Plan Checksheet*
- ◆ 470-3333, *JCS IV-E Paperwork Checklist*
- ◆ 470-3352, *Request for Out-of State Birth Certificate*
- ◆ 470-2405, *Review Foster Care Case Permanency Plan Checksheet*

Printed supplies of the following new or revised forms remain available from Iowa Prison Industries at Anamosa:

- ◆ *Application for All Social Services*, 470-0615 and 470-0615(S)
- ◆ *Approval for Independent Living Foster Care Placement*, 470-3186
- ◆ *Benefit Team Services Referral*, 470-3361
- ◆ *Foster Family Placement Contract*, 470-0716
- ◆ *Health Services Application*, 470-2927 and 470-2927(S)
- ◆ *Medicaid Transportation Claim* 470-0386
- ◆ *Non-Law Enforcement Record Check Request Form A*, 595-1489 and 595-1489(S)
- ◆ *Notice of Decision: Services*, 470-0602
- ◆ *Physical Record*, 470-0580
- ◆ *Request for Child Abuse Information*, 470-0643

All other new or revised forms are available only through templates on Outlook or through printing from the on-line manual.

Destroy remaining supplies of forms 470-2737, *Request for Medicaid Information*, and 470-2747, *Foster Care Provider Medical Letter*, on old letterhead. Use the Outlook template instead of the printed form.

Refer questions about this general letter to your service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 1, 2003

GENERAL LETTER NO. 18-AP-18

ISSUED BY: Division of Behavioral, Developmental and Protective Services

SUBJECT: Employees' Manual, Title 18, Appendix, **CHILD WELFARE APPENDIX**, page 92, revised; and form 470-0715, *Voluntary Foster Care Placement Agreement*, revised.

Summary

Effective July 1, 2003, Iowa Code section 234.35(1)(c) is revised to allow for voluntary placements of children in foster care for a period of up to 90 days.

Form 470-0715, *Voluntary Foster Care Placement Agreement*, is revised to reflect this change and to clarify whom can sign the agreement on behalf of the child. "Custodian" is being removed from the signature box at the bottom of the form and replaced with "Parent."

Begin using the new form for any voluntary placements made after July 1, 2003.

Effective Date

July 1, 2003

Material Superseded

Remove from Employees' Manual, Title 18, Appendix, page 92, dated May 27, 2003, and form 470-0715, dated 3/02, destroy them.

Additional Information

Destroy any copies of the old forms.

Refer questions about this general letter to your service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 24, 2004

GENERAL LETTER NO. 18-AP-19

ISSUED BY: Division of Behavioral, Developmental and Protective Services

SUBJECT: Employees' Manual, Title 18, Appendix, **CHILD WELFARE APPENDIX**, pages 1, 52, 53, 54, and 57, revised; and the following forms:

470-0615 *Application for All Social Services*, revised
470-3453 *Case Plan*, revised
470-3725 *Foster Care Escrow Account Transaction*, revised
470-0715 *Voluntary Foster Care Placement Agreement*, revised

Summary

This chapter is revised to:

- ◆ Update the appeal rights and policy on nondiscrimination on form 470-0615, *Application for All Social Services*.
- ◆ Update form 470-3453, *Case Plan*, to:
 - Add a place for a child's signature.
 - Add questions relating to Native American children to comply with the federal Indian Child Welfare Act and the Iowa Indian Child Welfare Act.
- ◆ Change the bureau name on form 470-3725, *Foster Care Escrow Account Transaction*, to reflect the Department's current organizational structure and update phone numbers.
- ◆ Change the instructions to reflect that printed supplies of the following forms are no longer available from Iowa Prison Industries:
 - 470-2747, *Foster Care Provider Medical Letter*
 - 470-0716, *Foster Family Placement Contract*
- ◆ Change the source information for form 470-2927, *Health Services Application*, to reflect the current number of sets that are printed per pad.
- ◆ Update form 470-0715, *Voluntary Foster Care Placement Agreement*, to incorporate special requirements for voluntary foster care placements involving Native American children. The requirements are necessary to comply with provisions of:
 - The federal Indian Child Welfare Act (Public Law 95-608, 25 USC 1913, Section 103a, November 8, 1978) and
 - The Iowa Indian Child Welfare Act [Iowa Code Supplement Chapter 232.B, section 7(1), enacted May 30, 2003, in 2003 Iowa Acts, Chapter 153].

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-0615	7/00
1, 52-54, 57	May 27, 2003
470-3453	3/03
470-3725	3/02
470-0715	6/03

Additional Information

Use existing supply of form 470-0615, *Application for All Social Services*, before reordering from Anamosa in the usual manner.

Use up the remaining supply of forms 470-2747, *Foster Care Provider Medical Letter*, and 470-0716, *Foster Family Placement Contract*. No further supply of these forms will be printed. Templates of these forms are available for completion on Outlook.

Refer questions about this general letter to your service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 10, 2004

GENERAL LETTER NO. 18-AP-20

ISSUED BY: Bureau of Community Services, Division of Behavioral, Developmental and Protective Services for Families, Adults and Children

SUBJECT: Employees' Manual, Title 18, Appendix, **CHILD WELFARE APPENDIX**, Contents (pages 1 and 2), revised; pages 4, 8, 86, 91, and 92, revised; pages 74a, 86a, and 93, new; and the following forms:

- 470-2927 *Health Services Application*, revised
- 470-4063 *Preplacement Screening for Supervised Apartment Living Foster Care*, new
- 470-3055 *Referral of Client for Rehabilitative Treatment and Supportive Services*, revised
- 470-3186 *Request for Approval of Supervised Apartment Living Foster Care*, revised
- 470-3361 *SSI Advocacy Project Referral*, revised

Summary

This chapter is revised to:

- ◆ Include the current version of the *Health Services Application*, which was revised to update the question on transfer of assets.
- ◆ Add form 470-4063, *Preplacement Screening for Supervised Apartment Living*, which case managers must complete before placing a youth in supervised apartment living foster care.
- ◆ Include the current version of form 470-3055, *Referral of Client for Rehabilitative Treatment and Supportive Services*, which was revised to add a field for the child's birth date.
- ◆ Change the name of form 470-3186, from *Approval for Independent Living Foster Care Placement* to *Request for Approval of Supervised Apartment Living Foster Care Placement*. The form was revised to update references from human services area administrator to service area manager or designee.
- ◆ Change the name of form 470-3361, *Benefit Team Services Referral*, to *SSI Advocacy Project Referral*. The contract for the project has been awarded to MAXIMUS effective July 1, 2004, so the information on submitting the form has been updated.

Effective Date

June 1, 2004

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	May 27, 2003
4	May 27, 2003
470-3186	4/95
8	May 27, 2003
470-3361	10/00
470-2927 (before p. 57)	1/02
470-3055 (after p. 82)	8/98
86, 91 *	May 27, 2003
92	July 1, 2003

* Pages 91 and 92 have been renumbered to accommodate the new form. Please file form 470-2634 after page 92 instead of before page 91.

Additional Information

Use up remaining supplies of the *Health Services Application* before ordering supplies from Iowa State Industries. You may use up the printed supplies of form 470-3055 by adding the child's birth date.

Direct questions concerning this material to the transition planning specialist in your area.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 21, 2005

GENERAL LETTER NO. 18-AP-21

ISSUED BY: Bureau of Community Services, Division of Behavioral, Developmental and Protective Services for Families, Adults and Children

SUBJECT: Employees' Manual, Title 18, Appendix, **CHILD WELFARE APPENDIX**, Contents (pages 1 and 2), revised; pages 1, 47, 61, 65, and 67 through 70, revised; and the following forms:

470-0602 *Notice of Decision: Services*, revised
470-3359 *Payee/Placement Changes*, revised

Summary

This chapter is revised to:

- ◆ Change the source information for form 470-0615(S), *Application for All Social Services*, and 470-0580, *Physical Record*, to reflect that supplies of this forms are no longer available from Anamosa.
- ◆ Remove form 470-3943, *Court Cover Letter*, as the form is obsolete.
- ◆ Update the appeal rights and the policy on nondiscrimination on form 470-0602, *Notice of Decision: Services*. The source instructions are also changed to reflect that supplies of this form are no longer available from Anamosa.
- ◆ Update form 470-3359, *Payee/Placement Changes*, which is used to provide information to the SSI Advocacy Project contractor regarding payee or placement changes.
- ◆ Correct a cross reference.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	September 10, 2004
1	February 24, 2004
470-3943	3/03
37-47, 61	May 27, 2003
470-0602	8/00
65, 67-70 *	May 27, 2003
470-3359	7/97

* These pages have been renumbered to accommodate the revised form. Please file form 470-0580 after 68 instead of before page 67 and file form 470-2490 after page 70 instead of before page 69.

Additional Information

Destroy any remaining supply of form 470-3359, *Placement Changes*.

Use up remaining supply of the following forms, as no further supplies will be printed:

- ◆ 470-0615(S), *Application for All Social Services*
- ◆ 470-0580, *Physical Record*
- ◆ 470-0602, *Notice of Decision: Services*

Refer questions about this general letter to your service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 4, 2005

GENERAL LETTER NO. 18-AP-22

ISSUED BY: Division of Behavioral, Developmental and Protective Services

SUBJECT: Employees' Manual, Title 18, Appendix, **CHILD WELFARE APPENDIX**, Contents (pages 1 and 2), revised; pages 8 through 20, 49, 75, and 79, revised; pages 56a through 56d, new; and the following forms:

470-0615	<i>Application for All Social Services</i> , revised
470-3453	<i>Family Case Plan</i> , revised
470-0716	<i>Foster Family Placement Contract</i> , revised
GAX	<i>General Accounting Expenditure</i> , new
470-2927	<i>Health Services Application</i> , revised
470-0643	<i>Request for Child Abuse Information</i> , revised
470-3361	<i>SSI Advocacy Project Referral</i> , revised

Summary

This chapter is revised to:

- ◆ Update form 470-0615, *Application for All Social Services*, to update appeal rights and the policy on nondiscrimination.
- ◆ Change the name of form 470-3453 from *Case Plan* to *Family Case Plan* and update instructions to reflect how to prepare the new case plan implemented as part of the "Better Results for Kids" child welfare redesign. The instructions are designed to make it easier for DHS staff to understand and complete the new version of the form.
- ◆ Update form 470-0716, *Foster Family Placement Contract*, to change references from "case permanency plan" to "case plan" and from "regional administrator" to "service area manager."
- ◆ Add *General Accounting Expenditure* (GAX), which is used to obtain reimbursement for Family Assistance Fund expenditures, birth certificates and life books, medical expenses for children in presubsidy that cannot be covered by the Medicaid program, and funeral expenses for children under the guardianship of the Department

Form 07-350, *Purchase Order/Payment Voucher (PO/PV)*, was previously used for this purpose. However, the PO/PV form is obsolete and is removed from this appendix.

- ◆ Add a statement to form 470-2927, *Health Services Application*, that faxed signatures are now acceptable.
- ◆ Update form 470-0643, *Request for Child Abuse Information*, to change the procedure and address for appeals of abuse reports.

- ◆ Add questions to form 470-3361, *SSI Advocacy Project Referral*, to get information about a child's diagnosed mental or physical impairment and any benefits being received based on a deceased, disabled, or retired parent's account.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	January 21, 2005
470-0615	1/04
470-3453	7/00
8	September 10, 2004
9-36	May 27, 2003
47	January 21, 2005
48, 49*	May 27, 2003
470-0716 (after p. 54)	7/00
470-2927 (before p. 57)	5/04
07-350	2/03
75-79	May 27, 2003
470-0643 (before p. 86a)	12/02
470-3361 (before p. 91)	9/04

- * As forms are added and removed, existing pages are renumbered to eliminate or consolidate gaps. To accommodate these changes, move form 470-2412 to follow page 8 instead of page 48.

Additional Information

Use up existing supplies of the following forms before reordering from Anamosa in the usual manner:

- ◆ 470-0615, *Application for All Social Services*
- ◆ 470-2927, *Health Services Application*

Use up existing supplies of form 470-3227, *Receipt of HIV-Related Information*, as no further supplies will be printed. You can get a copy of this form from the on-line manual.

Destroy existing supplies of form 07-350, *Purchase Order/Payment Voucher*, as the form is now obsolete. You can access the *General Accounting Expenditure* (GAX) in the State Approved Forms folder on Outlook.

Refer questions about this general letter to your area service administrator.